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ABSTRACT

The paper, originally given at a 1986 Ethnic and Multicultural Symposium, reports on the development and use of a screening instrument for use with language minority students. The literature on disproportionate representation of racial and language minorities in special education and the assessment of limited English proficient students is reviewed. Guidelines for screening and referral are presented and the trend toward increasing use of prereferral screening is noted. The Prereferral Screening Instrument requires gathering information about the student's previous educational experiences, including native and second language proficiency, achievement, behavior, and previous assessments. A case example is provided to illustrate the instrument's use in determining whether an individual student evaluation is warranted and the language/s to be used in conducting such an assessment. (DB)

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High Risk Predictors and Prereferral Screening for Language Minority Students

Alejandro Benavides

Studies indicate that a disproportionate number of racial and language minority students are assigned to certain special education classes. The problem is closely associated with the screening, referral, psychoeducational assessment, and labeling of children to determine their eligibility for special education. Studies suggest that placement in special education is often related to socioeconomic, linguistic, and cultural factors rather than psychoeducational factors.

This chapter reviews the literature on the assessment of language minority students, their placement in special education, and prereferral screening. The Prereferral Screening Instrument (Benavides, 1985) is also presented and demonstrated. The Instrument was designed to determine whether students suspected of needing special education should be referred for a case-study evaluation and whether it should be a bilingual case study.

DISPROPORTIONATE REPRESENTATION

Disproportionate representation of racial and language minorities refers to the recurrent finding that based upon their representation in the general school population, there are either many more, or fewer, minority students in special education classes than would be expected. This phenomenon is neither a new discovery nor an isolated practice (Maheady, Algozzine, & Ysseldyke, 1984). Discrimination in the special education evaluation and placement process is a matter of serious concern to courts and to professional federal and state agencies. A National Academy of Sciences Panel was formed to study the problem (Heller, Holtzman, & Merrick, 1982).

There are conflicting reports on the disproportionate placement of minorities in special education. Data from states where the Hispanic population is more than 10% indicate that on a straight percentage basis, limited-English-proficient (LEP) children continue to be overrepresented in classes for the mentally handicapped and underrepresented in classes for the learning disabled (LD) and gifted (Brown, Rosen, & Hill, 1980; Figueroa, Sandoval, & Merino, 1984; Melesky, 1985). Finn (1982) used complex indices of over- and underrepresentation for a study which found evidence of disproportionate representation of minorities in special education programs. A study of the patterns of service incidence in Texas by Ortiz and Yates (1983) indicates that Hispanics were overrepresented in LD programs, but underrepresented in all other categories of exceptionality.

Garcia (1985) reports that the trend in service incidence for handicapped Hispanics over the past 10 years highlights two major phenomena: (a) the rise in LD enrollments has been accompanied by a parallel decline in placements in programs for the mildly mentally retarded (this observation was based on a study by Tucker, 1980); (b) approximately 80% of all

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handicapped Hispanics are served in two language-related categories: LD and speech handicapped (this was based on a study by Ortiz & Yates, 1983). Jones, Sacks, & Bennett (1985) used simultaneous comparisons to identify disproportionate racial representation in special education. Their research found Hispanic children overrepresented in classes for speech correction and educable mentally handicapped students in many of the local education agencies (LEAs) studies. However, in other LEAs, Hispanic children were underrepresented in classes for emotionally disturbed, neurologically impaired speech correction, perceptually impaired, and mentally handicapped.

Two studies from the U.S. General Accounting Office (USGAO, 1981a, 1981b) reported a major concern over the disproportionate number of minority children served in certain special education programs. One of these studies (1981a) showed that in 1978, 50% of the Asian American students in special education were classified as speech impaired. Almost half of the American Indian students in special education were in LD classes. Another study reported that in the Chicago Public Schools, Hispanic students, with 4.73% enrollment in special education programs, were "substantially underrepresented in special education overall" (Designs for Change, 1982, p. 16). The report, *Caught in the Web*, indicated that often Hispanics with learning difficulties remained in the bilingual education program without being referred; however, the "standard bilingual programs were not designed to deal with handicapped children" (p. 16). Factors such as insufficient staff and services, and the discouragement of referral for a special education evaluation, were blamed for the "...limited access to special education for Hispanic students..." (p. 16).

The true cause of disproportionate representation in special education is unknown (Maher & Bennett, 1984; USGAO, 1981a). According to Heller, Holtzman, and Messick (1982), the cause does not appear to be a single factor or source, but rather a combination and interaction of variables.

LIMITED-ENGLISH-PROFICIENT STUDENTS: ASSESSMENT

Longitudinal data and studies suggest that language minority children are often placed in special classes because of their limited proficiency in English and not as a result of being handicapped as defined by The Education for All Handicapped Children Act, P.L. 94–142 (Cummins, 1984; ISBE, 1984; USGAO, 1981a, 1981b). LEP students are individuals who have not acquired English language proficiency skills comparable to their English-monolingual peers. Federal and state regulations require that LEP students be evaluated in their native language, combination of languages, and language use patterns (ISBE, 1978; ISBE, 1985; The Education for All Handicapped Children Act, P.L. 94–142, 1975).

An example of discriminatory linguistic practices on the psychological evaluation is the case of *Diana v. California State Board of Education* (1970). The suit was filed on behalf of nine Mexican American students, ages 8–13, placed in classes for educable mentally handicapped students. The *Diana* plaintiffs charged that the testing procedures were prejudicial because the tests placed heavy emphasis on English verbal skills; the test questions were culturally biased; and tests were standardized on White, native-born Americans (Weintraub & Abeson, 1977). The *Diana* out-of-court settlement stipulated that LEP children be tested in English and in their own language.

In spite of P.L. 94–142 requirements and the *Diana* decision, research evidence suggests that LEP students are currently being misclassified due to the inability of educational personnel to recognize characteristics of second language acquisition, the influence of limited English proficiency on academic achievement, and the failure to provide bilingual case study evaluations (Ortiz, 1986).

A study from the Handicapped Minority Research Institute on Language Proficiency (Ortiz, 1986) revealed that assessment procedures used by districts for LEP students are essentially the same as those used for English monolingual students. Ortiz reported that though the most frequently cited reason for referral of LEP students was poor academic progress in

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general, "It is possible that more than half of all referrals were, in reality, related to students' limited English proficiency" (p. 1). Additionally, although all subjects were classified as LEP, language status was given little attention by assessment personnel or by placement committees. Ortiz reported that only 25% of students' folders contained evidence of current language testing. Moreover, very few students were tested in Spanish or bilingually.

Another study by Ortiz (1987), on communication disorders among LEP Hispanic students, indicates that data found in the students' eligibility folders were insufficient to determine whether the students were in the process of normal second language acquisition, or whether their speech and language behavior were symptomatic of a speech or language disorder.

Besides the numerous areas of concerns cited in the forementioned studies, of particular concern to the author is the issue of using the student's "language dominance" versus "language use patterns" to determine whether to conduct a bilingual case-study evaluation. P.L. 94–142 requires that state and local educational agencies ensure that test and evaluation materials be provided and administered in the child's native language, and, among other things, the child be assessed in all areas related to the suspected disability. New York, like many other states, uses the student's dominant language to determine the language to be used for assessment (The University of New York, 1982). An Illinois statute (ISBE, 1985) requires that a student's language-use patterns and English proficiency be determined before initiating a case study evaluation.

Language-use pattern is defined as (a) the language(s) spoken in the child's home and language(s) used most comfortably and frequently by the child and (b) the language or combination of languages which the child uses to conceptualize and communicate those conceptualizations. When the student's language-use patterns involve two or more languages, a child must be evaluated in each of his or her languages. The state education agency stresses that this total process is of particular importance to a student with a primary language other than English in order to ensure that assessment and test selection and administration are nondiscriminatory in nature. It is the author's opinion that using the concept of dominant language to determine which language to use for assessments discriminates against students from a nonEnglish background whose language-use patterns include two or more languages. Besides the reality of the instrument and/or procedure used to determine dominance, it is discriminatory to deny the student an equal opportunity to be evaluated in all areas of cognitive development and ability. Students whose language-use patterns include a language other than English should have a bilingual evaluation.

SCREENING AND REFERRAL

In order to qualify for federal special education funds, states must ensure that all handicapped children in need of special education and related services be identified and evaluated regardless of the severity of their disability (P.L. 94–142, 1975). The mandate to identify children for special education services led to the implementation of screening programs in schools across the country (Gracey, Azzara, & Reinherz, 1984).

A national survey by Gracey et al. (1984) reported that 33 states mandate some form of screening in the preschool or early school years. The authors indicated that in states where screening is required, information is collected from parents, teachers, other school personnel, and/or other adults (e.g., a nurse). The primary focus of the survey is the areas assessed. These are grouped into the following four domains:

1. Physical: motor, sensory, current health, health history, immunizations, dental.
2. Language: speech, language, bilingualism.
3. Cognitive: cognitive skills, learning, aptitude.
4. Behavioral: behavior, social and emotional functioning.

The authors reported that 22 states require screening in more than one domain; however, 11 states require comprehensive screening for all four domains. The only requirement in one state was to screen for "bilingualism."

Gracey et al. (1984) indicate that there is an ongoing amibiguity about the nature and function of screening. According to the authors, "This is reflected in a confusion of terms; in some cases, screening, assessment, evaluation, and identification are used interchangeably; in others, each has a distinct meaning" (p. 102). The authors define screening as a process of identifying, from among all children in a population, those possibly in need of special services. Based on the screening results, certain children are evaluated to determine whether a disability in fact exists and, if so, its nature and extent.

Graden, Casey, and Christenson (1985) state that current practices in special education can be characterized as inconsistent and problematic at each phase of the assessment and decision-making process. The problems cited are (a) the referral, (b) testing for identification/classification, (c) decision making for an eligibility determination, and (d) program planning. White and Calhoun (1987) report that "the referral stage has been criticized for lacking sufficient safeguards for prevention of inappropriate referral and for introducing biasing effects that undermine appropriate program and placement decisions" (p. 460).

Ample research reports that the referral is the most important point in the special education placement process. A 5-year longitudinal study on LD students conducted by Ysseldyke et al. (1983) indicates that students are referred in increasing numbers, often inappropriately. Their study indicated that once referred, students are almost automatically tested, often with technically inadequate tests. Once tested, the majority of the students are placed in special education. A national study by Algozzine, Christenson, and Ysseldyke (1982) suggests that once a student is referred, there is a 92% probability the student will be tested. Additionally, 73% of those tested were subsequently placed in special education. Ysseldyke et al. (1983) reported that placement was often based on inconsistent and inherently problematic LD definitions and LD criteria. Another study (Ysseldyke & Algozzine, 1981) found that 51% of the decision makers pronounced "normal" students with average performance on achievement and intellectual measures as eligible for special placement.

A study by Foster, Ysseldyke, Casey, and Thurlow (1984) found that 72% of the students referred were placed in special education and most were placed in the category for which they were referred. It was also reported that referral rates varied with school district guidelines, perceived competence of the person who received the referral, kind of referral form, amount of paperwork, and teacher attitude and theoretical beliefs. The authors added that sociopolitical climate, external agency influences, federal and state guidelines, and parental pressure also influence the referral rates.

A longitudinal Canadian study (Cummins, 1984) of the reasons students from minority language backgrounds were referred for a psychological evaluation reported the following categories and percentages of referrals:

1. Academic (78%)
2. Behavior (12%)
3. Companionship (7%)
4. Home (1%)

The study concluded that there was a slightly greater likelihood for immigrant students to be referred for language and attendance (68% and 63% of referrals in these categories involved nonCanadian born students), whereas these students were less likely to be referred for special learning difficulties (41%) and speech or perceptual difficulties.

PREREFERRAL

Prereferral screening is a growing trend (Evans, 1976; Graden, Casey, & Bonstrom, 1985; Graden et al., 1985). Research suggests that prereferral screening reduces bias and

idiosyncratic opinions and provides more relevant information. Prereferral screening is also reported as reducing erroneous classification during the referral-placement process.

Graden et al. (1985) developed and implemented a prereferral intervention system model which demonstrated many positive features. Their prereferral intervention system is based on an ecological model which views students' problems in the context of the classroom, teacher, instructional variables, and student variables. The authors report that prereferral intervention is in keeping with the least restrictive doctrine established by P.L. 94–142.

Archer and Edwards (1982) identified numerous student characteristics which are considered high-risk predictors. The authors suggest that the use of such high-risk predictors is helpful in the development of diagnostic and screening devices that identify children at risk of requiring special education. Some progress has already been made in that endeavor. For example, Ferguson, Davis, Evans, and Williams (1970) translated eight of the *Plowden Report's* criteria for the identification of educational priority areas into specific quantifiable measures. Additionally, data was gathered on the frequency of occurrence in schools serving various types of communities. Evans (1976) collected information thought to be associated with "educationally disadvantaged" students at risk. The data was gathered from a number of children at the time of their school entry. Two years later, this information was related to school achievement in an attempt to isolate valid predictors for such achievement. From their data, a screening profile was constructed.

Benavides (1983) identified and prioritized high-risk predictors which should be assessed prior to the referral of an LEP student for a case-study evaluation. The study found that educational high-risk predictors ranked higher than did the home-background high-risk predictors. The student's native language proficiency and amount of education were equally ranked as the highest priority. These were followed by academic history, English language proficiency, self-esteem, and physical and health problems.

All these efforts are of a preliminary nature and there is general agreement that much more is required. Of particular interest is the need to develop a simple prereferral screening instrument that provides essential information. Instruments that require home interviews and extensive psychometric assessments are useful; however, due to time constraints and other limitations, the use of such instruments is often impractical. Numerous sources stress the need for a simple and easily administered prereferral instrument that minimizes unwarranted referrals, costly evaluations, and inappropriate placement in special education.

In 1984, with assistance from the Illinois Bilingual Resource Center and the Illinois State Board of Education, a two-day prereferral symposium was conducted. Professionals from four large school districts (Waukegan, Evanston, Elgin, and Rockford) were invited to assist in the development of a prereferral screening instrument. The participants were bilingual and English monolingual special education teachers and administrators, principals, school psychologists, social workers, and other related services personnel serving LEP students. Based on the prototype prereferral instrument (Benavides, 1983) the participants recommended revisions of the instrument. In 1985 the instrument was further modified by the Chicago Public School Task Force. The Task Force formed to develop a procedure by which schools could determine whether a referred student was in need of a case-study evaluation and the language(s) to be used for administering the evaluations. The *Prereferral Screening Instrument* (PSI) is illustrated in Figure 1.

THE PREREFERRAL SCREENING INSTRUMENT

The PSI is divided into four sections:

1. *General Background*: Provides relevant general information about the student and reason(s) for referral.
2. *Educational Information*: Provides information on the history of school experiences, programs, and services.

FIGURE 1

Prereferral Screening Instrument (PSI)

I. GENERAL BACKGROUND

Student Name_____ ID#_____ Date_____
Birthdate_____ Age_____ Sex: F__ M__ School_____ District_____
Birthplace: Father_____ Mother_____ Student_____
Language/s Other Than English_____ Current Grade Placement_____
Current Education Program/s_____
Teacher's evaluation of student's language proficiency level: I, II,III,IV,V (circle one)
Bilingual Instructional Category_____ Reasons/s for referral_____
_____
Have parents been notified Yes___ No___ Translator required Yes_____ No_____
Language/s students speaks with parents/guardian_____ sibling_____ friends_____
Language/s parent/guardian speaks to student_____
Migrant Student Record Transfer System I.D. No._____

II. EDUCATIONAL BACKGROUND

SCHOOL EXPERIENCE:
. Country Outside U.S.
Age started school_____ Terminated_____ Restarted_____
Circle each grade completed outside the U.S.
PreK K 1 2 3 4 5 6 7 8 9 10 11 12
Retained: Yes__No__Grade/s_____ Social Promotion/s Yes__No__Grade/s_____
Attendance:Good___Poor___Circle number of school/s attended 1 2 3 4 5 6 7 8

. United States
Age started school_____ Terminated_____ Restarted_____
Circle each grade completed in the U.S. On the line below each grade write the number of days absent or NIA (No Information Available)
PreK K 1 2 3 4 5 6 7 8 9 10 11 12
Days absent: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Circle number of school/s attended: 1 2 3 4 5 6 7 8
Retained Yes__No__Grade/s_____ Social Promotion Grade/s Yes___No__Grade/s_____

HISTORY OF PROGRAM/S and services student has received. Use one line per program

Grade Placement (PreK-12)	General Program	Bilingual Program (Type)	ESL Only	Special Education Category	Pre-school Headstart	Other	Amount of time in program months/years

Completed by_____ Date_____

Continued

FIGURE 1 (Continued)

Prereferral Screening Instrument (PSI)

III. ACHIEVEMENT-BEHAVIORAL PROFILE

Rate the student on the following skills, comparing him/her with other students in his/her present classroom grade placement by marking a point on the rating scale for each skill. To compute the *Average Rating* for each of the areas below, divide the sum from each section (A, B, C, D, E) by the number of items in that section. To compute the *Total Profile*, divide the sums from the *Average Rating* by five.

	RATING SCALE							
Achievement - Behavioral Areas	Very Poor 1	Poor 2	Below Average 3	Average 4	Above Average 5	Very Good 6	Excellent 7	Progress Being Made Circle Yes or No
A. PSYCHOMOTOR SKILLS								
1. Gross Motor								Yes No
2. Fine Motor								Yes No
B. ACADEMIC SKILLS ENGLISH (L2)								
1. Oral Language								
a. Comprehension								Yes No
b. Expression								Yes No
2. Reading								Yes No
3. Written Language								Yes No
4. Mathematics								Yes No
a. Computation								Yes No
b. Problemsolving								Yes No
c. Concepts								Yes No
C. LANGUAGE OTHER THAN ENGLISH (L1) *								
1. Oral Language								
a. Comprehension								Yes No
b. Expression								Yes No
2. Reading								Yes No
3. Written Language								Yes No
4. Mathematics								
a. Computation								Yes No
b. Problemsolving								Yes No
c. Concepts								Yes No
D. SOCIAL EMOTIONAL								
1. Self-concept								Yes No
2. Peer Interactions								Yes No
3. Adult Interactions								Yes No
E. ADAPTIVE BEHAVIOR								
1. Works Independently								Yes No
2. Cooperates in Group								Yes No
3. Seeks Assistance Appropriately								Yes No
4. Uses Organizational Skills								Yes No
5. Stays on Task								Yes No
6. Shows Ability to Change Tasks								Yes No
7. Accepts Responsibility at School								Yes No
8. Follow School Rules								Yes No

Name_____ ID#_____ Date_____

Note: Section C (Language Other Than English) must be completed by a teacher bilingually endorsed in the students native language.

AVERAGE RATING: A. Psychomotor Skills_____ B. Academic Skills: L1_____ C. L2_____
D. Social-Emotional_____ E. Adaptive Behavior_____ Total Profile_____

IV. PREVIOUS TESTS: List assessments for any of the areas above (language proficiency, educational assessment, speech and language, etc.).

Date_____ Test & language/s_____
Results_____
Date_____ Test & language/s_____
Results_____
Date_____ Test & language/s_____
Results_____

OTHER COMMENTS

_____
_____

Case-study evaluation recommended: Yes__ No__ Bilingual evaluation recommended: Yes__ No__
FORM COMPLETED BY_____ TITLE_____ DATE_____

3. *Achievement-Behavioral Profile*: Provides a visual profile of the student's psychomotor level, native and second language proficiency, academic skills, social-emotional condition, and adaptive behavior.
4. *Previous Tests and/or Screening*: Provides information on the assessments and tests administered, dates, and results.

It should be noted that because of the PSI's supplemental nature and space limitations, the medical and social-work information are not included on the instrument shown in Figure 1. This, however, is remedied by using the district's existing form and/or format to report the said information. It is essential for local education agencies to ensure that all the information gathered and used to complete the PSI be linguistically and culturally appropriate as required by state and federal statute.

The PSI was designed to create visual patterns which can facilitate the identification of information and high-risk variables which may account for or contribute to the reason/s for concern. Additionally, the PSI indicates whether bilingual evaluations are required. The PSI is completed prior to actually referring the student. It is essential to realize that once a student is referred, the 60-day time-limit clock begins ticking. Completion of the PSI does not require the administration of any assessments or evaluations. It does require that the assessment of the student's language(s) proficiency and all other relevant prereferral information be current. With the exception of information obtained from the parents or guardian, all the information required to complete the PSI is in the student's school records. The Migrant Student Record Transfer System ID number was included to facilitate obtaining information on migrant students.

COMPLETING THE PSI

To complete the PSI, start by completing the *General Background* section. It is advisable to obtain the student's "Language Use Patterns" information from the parents or guardian.

Next complete the section entitled *Educational Information*. First, complete the section related to the student's "School Experience." Use the student's records for this section. For migrant students, the MSRTS ID number is essential to obtain their records. If no information is available, write NIA for "no information available."

Complete the section entitled "History of Program/s" by listing all the programs and services the student received in each grade. Noting the amount of time (months/years) students received the programs/services is important. By circling the grades completed in the native country and the United States, and filling in information requested, the student's school experience is easier to visualize and interpret. Once all the programs/services are filled in, any academic or remedial voids are easily identified.

Complete the *Achievement-Behavioral Profile* section. The ratings of the student's skills should be based on teacher judgment and observation. As much as possible, the rating should be based on documented information. The student's skills are rated on a Lickert-type scale (very poor = 1 to excellent = 7). Once the rating scale points are established, the points are connected with a line. After the "Progress Being Made" column is completed, the PSI provides a visual profile of student strengths, behavior, limitations which may inhibit learning, language(s) proficiency (expressive, receptive, written, reading), and math. Simple calculations provided on the PSI for the ratings values from the various skills areas provide an "average" on each area and the student's total profile. Students with achievement and behavioral areas rated as 1 (very poor) or 2 (poor) should be considered as high risk for requiring a case study. However, the rating scale cutoff points are not the sole criteria for recommending a case study. All the information on the PSI must be considered before making a recommendation.

The completed PSI organizes information in such a way that the causes for concern often become apparent once the profile is completed. Though the PSI was originally developed for language minority students, it is designed to be used with all children. The intervention strategies to be used are also often easier to identify. The PSI is completed at the school by

staff most familiar with the student and the person initiating the prereferral screening request. In implementing the PSI it is recommended that the school use a system such as the Teacher Assistance Team (TAT) model (Chalfant, 1980). The TAT team reviews the PSI and makes recommendations on the student's need and disposition of the PSI case. The TAT system resembles a multidisciplinary staffing conference; however, for those students not recommended for a case study evaluation, the TAT then assists the student's teacher with the problems which caused the request for prereferral screening.

INTERPRETATION OF THE PSI

To operationalize the PSI, a sample case was developed and is illustrated in Figure 2. Prior to discussing and interpreting the sample PSI case (Figure 2), carefully review the case. Should the student be recommended for a bilingual case-study evaluation? Would you refer for a case-study evaluation and would it be bilingual? Why?

In the sample case, notice that although the student is not currently in a bilingual program and speaks English, the language use pattern includes English and Spanish, hence, any required evaluation would need to be bilingual. Traditionally, students described in this sample case are not provided with appropriate bilingual evaluations because the schools mistakenly believe that they do not require bilingual evaluations because the student "speaks English" and/or is "English dominant."

In the Education Background Section observe the student's academic history. The student's education was all in the United States and uninterpreted as is often the case with migrant students. Observe that although the student was not in a bilingual program in kindergarten, bilingual pull-out (resource-room) service was provided for a year and 4 months in first and second grades. Hence, we "assume" the student was given an appropriate transitional bilingual education program and was exited from the program because he was English proficient. Also observe that the student repeated fifth grade. Also notice the increase of school absenteeism, especially after repeating fifth grade. As you review the PSI, high-risk items (e.g., absenteeism, repeating) begin to spring up like little red flags. It is these flags which give a good indication of whether or not to refer.

In the Academic and Behavioral Section, the pattern formed by the rating scale format provides an immediate "visual profile" of the student. Skills rating to the left side of rating scale as shown on the sample indicate below average skills. A review of the low score average (2.75) at the bottom of the scale will also give you a good indication that this case is high-risk. The student's skill in English is higher than in Spanish (2.8 vs 1.4). This information is also relevant for the IEP recommendation on language usage for instruction and amount of time. It is important to remember that not all students who receive a bilingual case-study evaluation will require bilingual instructional services. The purpose for using a bilingual approach for an evaluation is different from that of a transitional bilingual education program. Simply put, one is required to assure a nondiscriminatory evaluation, and the other is for classroom instruction.

All indications are that this case should definitely be referred for a bilingual Case Study Evaluation. Had the student not received bilingual services and skills in the native language had been skewed to the above or above-average side of the rating scale, we would question whether the problem was a result in second acquisition and inappropriate exit criteria and not because of a handicapping condition. If there are any indicators of a handicapping condition, they will appear both in English and the native language. A discrepancy in this guideline generally means an inappropriate referral for a Case Study Evaluation. However, it is essential to remember that although it may be an inappropriate referral, the student was referred because of perceived problems. In such cases, it is the TAT's responsibility to identify the problem and make appropriate recommendations. To return the student to the referring teacher without recommendations and follow-up resources is to put the student's educational progress at risk.

FIGURE 2

Prereferral Screening Instrument (PSI) Sample Case

I. GENERAL BACKGROUND

Student Name B ID# Date
Birthdate Age 13 Sex: F M ✓ School District
Birthplace: Father Puerto Rico Mother Chicago Student Chicago
Language/s Other Than English Spanish Current Grade Placement 7th
Current Education Program/s General Program
Teacher's evaluation of student's language proficiency level: I, II, III, IV, V (circle one)
Bilingual Instructional Category Reasons/s for referral Poor academic progress; attention, behavior, and reading problems
Have parents been notified Yes No ✓ Translator required Yes No ✓
Language/s students speaks with parents/guardian Eng/Span sibling Eng. friends Eng/Span
Language/s parent/guardian speaks to student Eng/Span
Migrant Student Record Transfer System I.D. No.

II. EDUCATIONAL BACKGROUND

SCHOOL EXPERIENCE:
. Country Outside U.S.
Age started school 5 Terminated Restarted
Circle each grade completed outside the U.S.
PreK K 1 2 3 4 5 6 7 8 9 10 11 12
Retained: Yes No Grade/s Social Promotion/s Yes No Grade/s
Attendance: Good Poor Circle number of school/s attended 1 2 3 4 5 6 7 8

. United States
Age started school Terminated Restarted
Circle each grade completed in the U.S. On the line below each grade write the number of days absent or NIA (No Information Available)
PreK (K) (1) (2) (3) (4) (5) R (6) (7) 8 9 10 11 12
Days absent: 2 4 5 10 22 30 36 32
Circle number of school/s attended: 1 2 3 (4) 5 6 7 8
Retained Yes ✓ No Grade/s 5th Social Promotion Grade/s Yes No ✓ Grade/s

HISTORY OF PROGRAM/S and services student has received. Use one line per program

Grade Placement (PreK-12)	General Program	Bilingual Program (Type)	ESL Only	Special Education Category	Pre-school Headstart	Other	Amount of time in program months/years
K	✓						1 yr
1	✓						1 yr
1		Pull-Out					4 mos
2	✓						1 yr
2		Pull-Out					1 yr
3	✓						1 yr
4	✓						1 yr
5	✓						1 yr
5 Retained	✓						
6	✓					Social Worker	1 yr
7	✓						6 mos

Completed by Date

Continued

FIGURE 2 (Continued)

Prereferral Screening Instrument (PSI) Sample Case

III. ACHIEVEMENT-BEHAVIORAL PROFILE

Rate the student on the following skills, comparing him/her with other students in his/her present classroom grade placement by marking a point on the rating scale for each skill. To compute the *Average Rating* for each of the areas below, divide the sum from each section (A, B, C, D, E) by the number of items in that section. To compute the *Total Profile*, divide the sums from the *Average Rating* by five.

RATING SCALE

Achievement - Behavioral Areas	Very Poor 1	Poor 2	Below Average 3	Average 4	Above Average 5	Very Good 6	Excellent 7	Progress Being Made Circle Yes or No
A. PSYCHOMOTOR SKILLS								
1. Gross Motor								(Yes) No
2. Fine Motor								(Yes) No
B. ACADEMIC SKILLS ENGLISH (L2)								
1. Oral Language								
a. Comprehension								Yes No
b. Expression								Yes No
2. Reading								Yes No
3. Written Language								Yes No
4. Mathematics								Yes No
a. Computation								Yes No
b. Problemsolving								Yes No
c. Concepts								Yes No
C. LANGUAGE OTHER THAN ENGLISH (L1) *								
1. Oral Language								
a. Comprehension								Yes No
b. Expression								Yes No
2. Reading								Yes No
3. Written Language								Yes No
4. Mathematics								
a. Computation								Yes No
b. Problemsolving								Yes No
c. Concepts								Yes No
D. SOCIAL EMOTIONAL								
1. Self-concept								Yes No
2. Peer Interactions								Yes No
3. Adult Interactions								Yes No
E. ADAPTIVE BEHAVIOR								
1. Works Independently								Yes No
2. Cooperates in Group								Yes No
3. Seeks Assistance Appropriately								Yes No
4. Uses Organizational Skills								Yes No
5. Stays on Task								Yes No
6. Shows Ability to Change Tasks								Yes No
7. Accepts Responsibility at School								Yes No
8. Follow School Rules								Yes No

Name_____ ID#_____ Date_____

Note: Section C (Language Other Than English) must be completed by a teacher bilingually endorsed in the students native language.

AVERAGE RATING: A. Psychomotor Skills 5.5 B. Academic Skills: L1 1.42 C. L2 2.28
D. Social-Emotional 2.3 E. Adaptive Behavior 2.25 Total Profile 2.75

IV. PREVIOUS TESTS: List assessments for any of the areas above (language proficiency, educational assessment, speech and language, etc.).

Date_____ Test & language/s Lang. Asses. Scales (LAS) Eng 4 + Span 2
Results_____
Date_____ Test & language/s_____
Results_____
Date_____ Test & language/s_____
Results_____

OTHER COMMENTS

_____

_____

Case-study evaluation recommended: Yes__ No__ Bilingual evaluation recommended: Yes__ No__
FORM COMPLETED BY_____ TITLE_____ DATE_____

SUMMARY

Using a prereferral system is the least restrictive means of gathering data about student performance without the traditional and costly case study evaluation. Student information can be continuously gathered by using various intervention strategies intended to ameliorate the areas of concern. Should the intervention prove unsuccessful, the case study evaluation team and multidisciplinary staffing conference participants will have relevant data on which to base their recommendations.

Prereferral screening and intervention addresses concerns about the costly and often stigmatizing placement into special education. Resources, traditionally used to evaluate and place students in special education, are redirected towards assisting teachers in the general classroom. Inappropriate referrals and placement in special education will be minimized. Additionally, the potential cost-saving factor of reduced referrals, evaluations, and placement in special education should be an incentive for LEAs. In considering the findings of Ysseldyke and Algozzine (1981), the 51% of "normal" students who were made eligible for special education translates into a huge waste of money. More important even than money is the human factor of students in need of help. Making sure they receive appropriate services must continue to be our major goal.

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